

**Guidance for Implementation of Group Prenatal Education Resources**  
**Provided by the Kansas Department of Health and Environment**  
*For Use by Kansas Perinatal Community Collaboratives*  
*Utilizing the March of Dimes Becoming a Mom® Curriculum*

**Building Fidelity**

Pilot sites implementing the March of Dimes (MOD) Becoming a Mom/Comenzando bien® curriculum in Kansas dating back to 2010 have shown significant outcomes including reductions in rates of preterm births, low birth weight and infant mortality. The Kansas Department of Health and Environment (KDHE) believes this is the result of the *collective impact* of the many partners across public health, clinical practices and communities at large, joining efforts to serve as the backbone for implementation of this curriculum and its integrated resources and services in Kansas. Because of this, KDHE has invested Title V funds in building permanent infrastructure to support the expansion and sustainability of this great initiative in our state.

With your help, KDHE is working to achieve evidence-based recognition for this initiative. In order to do so, we must assure consistent implementation of the model across program sites in our state. To support you in building such program fidelity, standardization efforts have aimed to provide each program site with the same optimal resources for program delivery. Extensive work by many experts across the state has contributed to making this the most inclusive, most comprehensive, prenatal education program possible. Implementation resources include the following:

- updated evidence-based curriculum handouts;
- PowerPoint presentations;
- lesson plans;
- activity plans/bank;
- resource bank;
- priority integration toolkits; and
- program evaluation tools.

**Local Customization**

As pregnant women share a common need for education and support around basic pregnancy health and infant care related topics, it is also recognized there may be special needs related to a particular community, group of participants, or expertise/comfort level of the facilitator. Based on this anticipated need, it is encouraged that each program adapt as necessary to customize the resources. Program curriculum is based on evidence as well as the result of focus group recommendations, Title V Priorities, and National Performance Measures. We strongly recommend that you take into consideration the rationale for content, topic placement, etc., while accommodating local needs to the greatest degree possible. Assuring accordance with program fidelity, adaptations should be done under the guidance and approval of the local program coordinator working with KDHE, while no topic content shall be excluded in its entirety.

**Curriculum Handouts, Lesson Plans, and PowerPoints (ppt)**

- Kansas curriculum includes the original March of Dimes Becoming a Mom/Comenzando bien® curriculum handouts as well as additional supplemental handouts recommended by the Kansas developed Curriculum Review Committee, coordinated by the University of Kansas School of Medicine - Wichita Department of Pediatrics. These supplemental handouts originate from evidence-based sources, are cited in accordance to MOD terms of use, and must be included in the Kansas model for implementation.
- Some topics may be covered by ppt slides while not included in an individual handout in the curriculum.

- Handout/ppt slide order has been organized by topic grouping, natural flow of the content, etc. Some topic order, however, is specifically based on grouping provided by March of Dimes handouts. Although much effort has been put into determining the “best” order, this will not be viewed the same by all sites or individual group facilitators. We recognize that some content order is even dictated by availability of guest presenters/content experts in your local area. Please feel free to adapt the order of topics as required to fit local needs.
- The first 10-15 ppt slides are designed to loop as participants are arriving, being seated, and waiting for the group session to begin. This provides an opportunity for new participants to learn about the introductory program information without taking time from group facilitation to cover.
  - Program sites will choose either slide 1 or 2 to introduce program name, not both.
  - Slide 5 provides an opportunity for local program partnership recognition by adding local partner logos.
  - Slides 10-12 highlight incentive items and at which level they are earned. Programs may need more or less slides depending on how their incentive program works. Customize as needed.
  - Slides 13-15 introduce program staff in an effort to familiarize participants with all program staff and their roles.
  - A site may choose not to use these looping slides, however, it is required to use slides 3-7 at a minimum, in order to provide: credit to state and local partners, disclosures, and recognition for supplemental materials.
- Animation or transitions are only included in slides where found to be helpful in delivery of information. Sites may customize this as desired.
- Activities and videos have been integrated to support repeat messaging and principles of adult learning theory.
- Final slides include:
  - Take-Home Points: Opportunity to briefly review key points important for participants to remember.
  - What questions will you ask your provider? Reoccurring theme throughout each session, encouraging participants to communicate with their provider and to advocate for themselves and their baby.
  - Sign up for your next class: Opportunity to remind of local class registration information and next session topics.
- Slide design may be customized by site as desired. If using the provided design template, feel free to add a local program (lead) logo to the Master Slide layout. All sites must include the Kansas Breastfeeding Coalition (KBC) and Kansas Infant Death and SIDS (KIDS) Network logos on the slides they are on in the provided template.
- Lesson Plans have been developed as a guide to assist new facilitators with orientation to the curriculum, as well as to support consistent messaging facilitator to facilitator and site to site . Please adapt locally as needed, while keeping in mind the need for consistent curriculum delivery across program sites in order to protect program fidelity.

### **Activity Plans/Bank**

- Activities are a necessary component in order to support principles of adult learning theory.
  - Activities should not be “skipped” in general.
  - Where multiple activities have been included in a session, facilitators may need to prioritize or adapt activities based on time availability, make-up of audience, comfort-level of facilitator, etc.
  - An initial set of activities have been included in each session lesson plan, however, it is intended that initial activity plans will grow into an “activity bank” for each session, where multiple activity plans have been deposited for facilitators to choose from. The development of the bank will require sites to submit activity plans (using activity plan template) to KDHE for committee review, approval, and posting to the online activity bank on the KDHE perinatal community collaboratives website.

## **Resource Bank**

- Although education on numerous topics has been added as supplemental handouts within the curriculum to improve its comprehensiveness, limitations remain. In light of this, numerous topics of great importance have been added as recommended resources to be included by program sites in the “resource sleeves” component of the curriculum. Again, sites are encouraged to customize these to meet local needs.
- Resource materials are an essential part of the “support” component of the Kansas program model and should not be excluded all together. This component is important to program fidelity.
- Sites are encouraged to add a “Resource Sleeve” (clear page protector) behind each session’s curriculum handouts. This should house brochures, flyers, handouts, etc. highlighting additional resources related to curriculum content and should be customized by sites to highlight local resources.
- An initial set of recommended resources will be made available on the KDHE perinatal community collaboratives website. Further development of the bank will require sites to submit recommended resources to KDHE for committee review, approval, and posting to the online resource bank.

## **Priority Integration Toolkits**

- Integration Toolkits are developed for identified priority topics to be piloted and integrated into the Kansas implementation model of the March of Dimes Becoming a Mom® (BaM) curriculum.
- Topics are identified for integration based on Title V Priorities, National Performance Measures, and recommendations by the Kansas Maternal and Child Health Council.
- Toolkits are created through the work of many state and local partners with a shared interest in providing coordinated and comprehensive services to women before, during and after pregnancy.
- Toolkits include (as applies to each topic): Training Webinar; Integration Plan Overview; Flowchart/Algorithm; Screening Tool; Identified Resources.
- Kansas Perinatal Community Collaboratives implementing BaM are required to integrate each toolkit to their greatest ability based on local resources in order to protect program fidelity.

## **Program Evaluation Tools**

- Evaluation is a required component by all Kansas Perinatal Community Collaboratives implementing the March of Dimes Becoming a Mom® (BaM) curriculum.
- KDHE supports program evaluation through a shared measurement and evaluation system known as DAISEY.
- DAISEY consists of a web-based HIPAA-compliant system for tracking participant records, knowledge and behavior change, and birth outcome data collected through pre, post, and birth outcome surveys.
- Initial Survey (pre-test) completion is required by all participants upon first session attendance. Program staff must accommodate the participant’s completion of this survey before curriculum content review begins.
- Completion Survey (post-test) and Birth Outcome Card completion are required by all participants upon completion of the program and subsequent delivery of baby when four or more sessions have been attended. Program staff must accommodate the participant’s completion of this survey after all curriculum content has been reviewed.
- Collection of the Birth Outcome Card may require collaborating with other partnering agencies/providers within the local Perinatal Community Collaborative (i.e. home visiting, WIC, medical provider, hospital).
  - Local protocol and Memorandum of Agreement should be developed to support this.
  - At a minimum (least ideal) program staff may complete the Birth Outcome Card via phone interview with the participant, if all other means for collection have been exhausted.